



Division of Vocational Rehabilitation  
2020-2021 Referral Form

\*Please complete this form in its entirety

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ SEX: F / M\_ RACE \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PH \_\_\_\_\_ WORK PH \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PH \_\_\_\_\_ WORK PH \_\_\_\_\_

ARE THERE ANY LANGUAGE BARRIERS? YES \_\_\_ NO \_\_\_ EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**School/Agency Information**

School Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Type of Diploma: \_\_\_\_\_  Access \_\_\_\_\_  Standard \_\_\_\_\_  Other Anticipated graduation date: \_\_\_\_\_

Special Training Programs (i.e. OJT, Career Experience, dual enrollment, etc.) \_\_\_\_\_

**Accommodations for initial meeting:**

Do you require an American Sign Language interpreter?  Yes

Do you require an assistive listening device?  Yes

Do you require translated documents?  Yes

Do you require a foreign language interpreter?  Yes

Do you require any other accommodation for your impairment?  Yes

If yes, please explain: \_\_\_\_\_

**Exceptionalities**

Does the student have an IEP?  YES  NO

Does the student have a 504 Plan?  YES  NO

Please list the primary exceptionality or disability \_\_\_\_\_

Please list any other barriers: \_\_\_\_\_

How will this student's disability/impairment be a barrier in obtaining and/or maintaining competitive employment?

**Is this a Pre-ETS Portal Referral?**  Yes  No

**(Pre-ETS) Transition Youth Services Requested (Check all that apply)**

- Career Exploration Counseling (includes career interests and postsecondary counseling)
- Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)
- Self-Advocacy Training (A two-part course that teaches students how to speak up for themselves and make decisions about their own lives)
- Community Based Work Experiences (includes hands on training for employability skills; may be paid or non-paid)
- VR Career Camp

**Please check off the items below that you are providing to the VR Representative and notify parent or assigned guardian (if applicable) that the following student information is being released to VR to assist with the referral/application process.**

**1. \_\_\_\_\_ Signed copy of the Consent for Mutual Exchange of Information to release student information to VR (REQUIRED)**

**2. \_\_\_\_\_ Information attesting to the student's disability including most recent medical records, psychological, psychiatric records, FSIQ reports, and re-evaluation for ESE services (REQUESTED)**

**3. \_\_\_\_\_ Current Transition IEP/504 (REQUIRED)**

**4. \_\_\_\_\_ Behavioral/disciplinary records, if applicable (REQUESTED)**

**5. \_\_\_\_\_ Vocational training records, vocational assessments, and career portfolios, if applicable (REQUESTED)**

**Additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Division of Vocational Rehabilitation  
Manatee County, Area 5, Unit 18A**